

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022705

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

317  
FILED JUN 17 1963

544

1785

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood, Mo</u>		c. CITY OR TOWN <u>Kirkwood</u>	
Length of stay in 1b <u>YRS.</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>408 S. Van Buren Ave</u>		d. STREET ADDRESS (If outside, give location) <u>408 S. Van Buren Ave</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Estella</u> Middle <u>North</u> Last <u>North</u>		4. DATE OF DEATH Month <u>6</u> Day <u>2</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-14-1908</u>
9. AGE (last birthday) <u>55</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>10</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and state or country) <u>Natchez, Miss</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank J. North</u>		Address <u>Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Frank J. North</u>		Address <u>408 S. Van Buren Ave, Kirkwood</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> Generalized Arteriosclerosis Diabetes Mellitus DUE TO (b) <u>Unknown</u> DUE TO (c) <u>Unknown</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>unknow</u> <u>7-10 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Severe Perianal Abscess</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:25</u> a.m. <u>5-21-57</u> Month, Day, Year <u>6-2-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Jefferson Barracks, Missouri</u>	
20g. COUNTY <u>St Louis</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>5-21-57</u> to <u>6-2-63</u> and last saw her alive on <u>6-2-63</u> Death occurred at <u>11:25 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>6-3-63</u>	
22a. SIGNATURE <u>William C. Benton, M.D.</u>		22b. ADDRESS <u>2917 St. Louis Avenue</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6/7/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Jefferson Barracks, Missouri</u>		(State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>C.W. Roberts Und. Co</u>		25. DATE RECD. BY LOCAL REG. <u>6-4-63</u>	
ADDRESS <u>1416 N. Taylor Ave</u>		26. REGISTRARS SIGNATURE <u>John B. Murphy</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*W. Claude Gordon*

Licensed Embalmer No.

*3489*

P. O. Address

*1123 N. Taylor Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.